ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	kw	7/531	C3 C4-99
O.I.P.E. CLASSIFIER		10	3-5-99
FORMALITY REVIEW	Axl	70274	3-1-06

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
0 .... Objected

Claim Final	Claim Original	Date									
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		8 14 29 13 27 2									
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If more than 150 claims or 10 actions
staple additional sheet here

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